



Date	Claim No.	Folio No.
------	-----------	-----------

DECLARATION OF ENTITLEMENT

For GUARDIAN BENEFITS UNDER INDUSTRIAL INSURANCE

Reminder

If you are signing with power of attorney, submit a copy of that document if you have not done so already. For your protection, your signature is used for comparison with endorsement on checks payable to you.

For benefits to continue without interruption this Declaration of Entitlement must be completed in full, signed, notarized and returned within 30 days.

Print name of legal guardian or custodian		
Mailing address		
City	State	ZIP
Residence is the same as MAILING address: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If NO, list residence address		

The definition of a Guardian includes a widow/widower who was receiving a pension and has since remarried but retains care and custody of the minor or disabled children or dependents. Or other who have minor or disabled children or dependents of the worker in their care and custody. This person now receives the pension benefits for the children/dependents.

The children / dependents reside with me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, list names and addresses of dependents not residing with you.		

Any change in status of dependents or children for whom you are receiving pension benefits must be reported. Changes in dependency circumstances may require an adjustment in the monthly entitlement. Dependency changes include death, marriage, incarceration, emancipation or change in care and custody. **Failure to report dependent changes or incarcerations in order to receive benefits for which you may not be entitled may result in civil or criminal charges.**

Has there been a change in dependency circumstances for any child for which you are receiving benefits under Industrial Insurance?	
Yes <input type="checkbox"/> No Change <input type="checkbox"/> If there has been a change of dependency please provide the following information:	
Name of dependent for which you are reporting the change	
Effective date of dependency change	Explanation:

Notary Signature Required

Subscribed and sworn to before me this date
Notary public signature
For the state of
Residing at
My commission expires

Under Penalty of perjury, I declare the above statements true. If you sign by **mark**, please have a witness print your name, then personally make your mark.

Social Security # (ID only)	Phone #
Date	Signature
<i>If signed by mark, witness signature here.</i>	